

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23436
STATE FILE NUMBER

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 192

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Mexico

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Audrain Hospital 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY
OR
TOWN

Richmond Heights

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

7433 Ethel 42

Record on Form
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Arthur

Finley

Neill

4. DATE
OF
DEATH

Month

Day

Year

Aug. 5, 1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Apr 11 - 23 - 1889

9. AGE (In years last birthday)

68

10. UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

L. B. Price Co.

11. BIRTHPLACE (City and state or country)

Audrain County, Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Neill

13b. MOTHER'S MAIDEN NAME

Susie Finley

14. NAME OF HUSBAND OR WIFE

Viola Neill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

486-34-0650

17. INFORMANT

Address

Mrs. Arthur F. Neill Richmond Heights

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adeno Carcinoma of stomach
Exploratory operation 8/1/57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

Diabetes

INTERVAL BETWEEN ONSET AND DEATH

6 weeks.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at

July 19 1957 8-5-57 and last saw him alive on 8-5-57
8:30 PM 8/5/57 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Mexico, Mo.

22c. DATE SIGNED

8/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/8/57

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Cemetery

23d. LOCATION (City, town, or county)

Mexico, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Collier Funeral Home Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 8 - 1957

26. REGISTRAR'S SIGNATURE

Blanche Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 10 1957

AUG 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Geo. M. Collier*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.